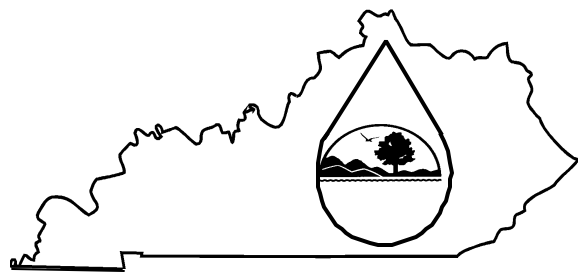


FORM ND

KENTUCKY NO DISCHARGE OPERATIONAL PERMIT APPLICATION

(KNDOP)



This is an application to: (check one)

- ☐ Apply for a new permit.
☐ Apply for a construction permit.
☐ Apply for reissuance of expiring permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY CONTACT INFORMATION	AGENCY USE							
Name of business, municipality, company, etc. requesting permit:								
Facility Mailing Address								
Primary Mailing Name:								
Primary Mailing Street:								
Primary Mailing City, State, Zip Code:								
Contact Name & Telephone Number:								

II. FACILITY DESCRIPTION			
Provide a brief description of activities, products, etc:			
Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:			
Other SIC Codes:			

III. FACILITY LOCATION	
Attach a 7 1/2 minute U.S. Geological Survey quadrangle map for the site. (See instructions)	
Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
Facility Location (street, road, highway, etc.)	
Facility Location City, State, Zip Code:	
County Facility is Located in:	

IV. EXISTING ENVIRONMENTAL PERMITS

Kentucky DOW Operational Permit Number:	Issue Date of Current Permit:
Expiration Date of Current Permit:	Date of Original Permit Issuance:
Other Environmental Permits (list):	

V. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (See instructions)

Operation(s) Contributing Flow				Treatment Description
Operation(s) (list)	Wastewater Type	(Indicate Units)		
		Avg Flow	Design Flow	

VI. GIVE THE BASIS OF DESIGN FOR SIZING OF THE WASTEWATER FACILITY (See instructions)

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VII. DESTINATION OF WASTEWATER (Check appropriate locations(s)).

- ☐ Land application of effluent (Owner of Property):
☐ Subsurface injection (Check one term and identify on map) ☐ Lateral field ☐ Deep Well
☐ Closed circuit (Check one term) ☐ Holding Tank ☐ Mechanical Evaporation ☐ Waste Impoundment ☐ Evapo-transpiration
☐ Other (specify

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
SIGNATURE	DATE:

If this form was prepared by someone different than the permittee, indicate name, address, and telephone number of the preparer.

NAME:	TELEPHONE NO:
ADDRESS:	

KENTUCKY NO DISCHARGE OPERATIONAL PERMIT FORM ND - INSTRUCTIONS

Listed below are explanations of select Form ND questions. If further information is needed concerning any questions, please contact the KPDES Branch of the Division of Water at: (502) 564-3410.

I. Facility Contact Information

Use the official or legal name.

The information given as the primary mailing address is the contact address and will be used to produce mailing labels for correspondence to the facility.

II. Facility Description

Briefly describe the nature of the business and the activities being conducted that require a Kentucky No Discharge Operational Permit (KNDOP).

The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1972 Edition of the *Standard Industrial Classification Manual*. List the SIC code(s) that best describe the products or services provided by the facility in descending order of importance.

III. Facility Location

Attach an unreduced original or reproduction of a 7 ½ minute USGS Topographic Map (minimum size 8 ½ X 11) indicating Quadrangle name and extending at least one mile beyond the property boundary. Depict or mark the facility and its intake structure, treatment system and disposal area. Also, mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone (859) 257-3896.

Indicate the actual facility location (street, highway, road, etc).

IV. Existing Environmental Permits

Indicate permit numbers for any existing environmental permits for this facility.

V. Flows, Sources of Pollution, and Treatment Technologies

For each source of wastewater provide (1) a description of all operations contributing to the wastewater, including sanitary wastewater and storm water runoff; (2) the average and design flows contributed by each operation; and (3) the treatment received by the wastewater.

Operations may be described in general terms for storm water. You may use any reasonable measure of duration, volume, or frequency. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes. Treatment units should be listed in order of occurrence.

If you are applying for a permit for a privately-owned treatment works, you must also identify all of your contributors in an attached listing.

VI. Basis of Design for Sizing the Wastewater Treatment Facility

Basis of design for sizing wastewater treatment facilities should include number of people served, number of homes, number of students, number of square feet of floor space, etc.

VII. Certification

The permit application shall be signed as follows:

1. Corporation: by a principal executive officer of at least the level of vice-president.
2. Partnership or sole proprietorship: by a general partner or the proprietor respectively.
3. Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.